Plan Management Road Map 2014-2017

	WORKSTREAM	PLAN YEAR 2014	PLAN YEAR 2015 Final Designs to Board	PLAN YEAR 2016 Review utilization and other	PLAN YEAR 2017 Review utilization and other
BENEFIT DESIGN	Embed pediatric dental benefit	√	4/17/14	metrics Part of portfolio review for	metrics Analysis for 2018 portfolio
	Design and offer family dental benefit	\checkmark	Final Designs to Board 4/17/14	Part of portfolio review for 2016	review
	Consider alternative benefit designs: SHOP	\checkmark	Analysis of current offerings and potential additions Analysis of outside market offerings and risk mix impacts		
	Consider alternative benefit designs - individual market	Develop criteria for use in portfolio review	Analysis of current offerings and potential additions Analysis of outside market offerings and risk mix impacts	Part of portfolio review for 2016	Analysis for 2018 portfolio review
	Deductibles -consistent application across products and across metal tiers	Create education and outreach materials to alert consumers to cost exposure due to application of deductibles.		Part of portfolio review for 2016	Analysis for 2018 portfolio review
	6. Deductibles - Bronze plan	~~	Web design features to alert consumers to cost exposure if seek care. Application of deductible to Hospice Care.	Part of portfolio review for 2016	Analysis for 2018 portfolio review
	7. Decrease reliance on coinsurance in benefit designs across all metal tiers	Create education and outreach materials to alert consumers to unpredictable cost exposure at point of service for benefits with coinsurance		Evaluate whether to continue separate coinsurance benefit design	Analysis for 2018 portfolio review
	Coinsurance for advanced imaging, emergency room use, labor and delivery and inpatient stays	~~	Evaluate impact on access to necessary care; examine comparability of coinsurance and copay for imaging	Part of portfolio review for 2016	Analysis for 2018 portfolio review
	Restructure drug formulary benefit design	Educate consumers about consumer assistance to obtain medically necessary care	Include URLs for plan issuers' drug formularies on Covered CA website	Part of portfolio review for 2016	Analysis for 2018 portfolio review
	10. Review reduced cost share products		Create education and outreach materials to alert consumers to cost exposure for benefits with coinsurance and maximum out of pocket exposure & consider approaches to encourage consumers to take up silver tier products so cost sharing reduction applies.	Part of portfolio review for 2016; review out of pocket maximums and coinsurance; consider approaches to limit choice for those eligible for CSRs to maximize cost reductions.	Analysis for 2018 portfolio review
	11. Standardize cost share for EHB's not standardized for 2014		Conduct education and outreach for consumers	Part of portfolio review for 2016	Analysis for 2018 portfolio review
	12. Review cost share for benefits not specified in standard designs, including substance abuse treatment in non-medical residential setting; outpatient mental health/substance abuse treatment provided in group setting		outreach for consumers	2010	Analysis for 2018 portfolio review
	13. Require family enrolling in family dental to enroll all dependents in same family dental plan	✓		Review enrollment numbers for 2016	Analysis for 2018 portfolio review
	14. Out-of-network benefit display	Provide information on out of network cost exposure, particularly for PPO plans	Include URLs for plan issuers' OON benefit designs on Covered CA website	Include out of network benefits in CalHEERS benefit summary	Analysis for 2018 portfolio review
	15. Evaluate the pediatric dental EHB and the initial chosen benchmark plan based on possible HHS reevaluation for plan year 2016				Analysis for 2018 portfolio review
	16. Develop the ability to offer dental benefits through Covered California to families outside of the Exchange, including families with employer-sponsored medical insurance but no dental coverage.				Analysis for 2018 portfolio review
	17. Work with CalHEERS and plan partners to offer a dental specific out-of-pocket maximum in the embedded plan designs				Analysis for 2018 portfolio review
	Standardize dental benefit limitations and exclusions for the adult portion of the family dental plan	Conduct outreach and education concerning the impact of differences in dental benefit	Standardize disclosure in consumer choice environment	Explore standardization together with OON display issues	Analysis for 2018 portfolio review

RACTING	19. Revise QHP and SADP contracts	Interim operating agreement under development	Develop amendment for 2015	Revise model contract for 2016	To be determined

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CONT	20. Develop dental quality and dental utilization metrics for potential application in plan year 2016			Analysis for 2016 portfolio review	
NETWORKS	21. Link to plan issuers' provider directories	Links for available issuer provider directories are currently posted on Covered CA site	Q	Comprehensive Plan Directory for Covered CA	Analysis for 2018 portfolio review
	22. Work-Live network availability	Review enrollment preferences	Evaluate options based on data	Implement selected 2015 option	Analysis for 2018 portfolio review
	23. Create network satisfaction road map, metrics	In process for 2014	Refine in 2015 for 2016 use	To be determined	To be determined
	24. EPO vs. PPO	Assess consumer satisfaction with EPO networks; understand implications for out of network cost sharing	Evaluate whether EPOs are appropriate portfolio offering	Analysis for 2016 portfolio review	To be determined
	25. Out of network cost sharing	*Evaluate out of network cost sharing, particularly for PPOs and EPOs. Evaluate PPOs by regulator with respect to timely access to in- network providers	*Standardize approach on out of network cost sharing across products		To be determined
	26. Physician-hospital mismatch		Consider contract requirements to assure networks result in physicians having hospital privileges at in-network facilities		To be determined
	27. Capitated medical groups	Why did the networks exclude capitated groups?			To be determined
	28. Avoid illusory networks	Ensure clarity about terms under which policyholders can access hospitals/other providers	Refine to ensure that carriers may not list providers as innetwork unless terms of access are clear. Consider contract requirement.		To be determined
	29. Naming conventions: consistency within CCA site	Naming within system limitations	Q	New naming conventions to be developed for 2016	Q
CONSUMER CHOICE AND ENROLLMENT ENVIRONMENT	30. Naming conventions: consistency between issuers and CCA	A crosswalk is in place to align on and off exchange naming conventions	Work alongside stakeholders to develop naming conventions for 2016 Plan Year. Ensure consistent naming between carriers' and exchange website, id cards, notices to providers, consumer information for 2015 plan year.	New naming conventions to be developed for 2016	
ROLLMENT E	31. Alert consumers to dental benefit duplication if purchasing .5	Develop education for consumers regarding costs and benefit duplication of purchasing additional .5 in 2015 Plan Year	Include education in Covered CA enrollment site to alert consumers to duplication of benefit and out of pocket maximum implications	O	Ø
ND EN	32. Transition of current pediatric dental enrollees to new plans in 2015	Develop a process for transitioning enrollees	Transition complete		
OICE AI	33. Families with MediCal and Covered CA coverage ("Mixed Families")	Consumer education regarding accessing different coverages	Review information on enrollee "churn" across Exchange and MediCal	Use information in portfolio and quality review	Analysis for 2018 portfolio review
IER CHC	34. Member Level Benefits	Will be implemented in April 2014	Consumer education regarding impact of enrolling in separate plans	Consumer education regarding impact of enrolling in separate plans	Analysis for 2018 portfolio review
CONSUM	35. Consumer transitions across different health products	Consumer education regarding accessing different coverages and maintaining provider access when changing products/plans	Review information on enrollee "churn" across Exchange, Medi-Cal, and private insurance. Plan for bridge plans	Use information in portfolio and quality review. Bridge plans included in 2016 portfolio pending federal approval	Analysis for 2018 portfolio review
	35. Multi-state plans	Evaluate market impacts. Post fact sheet to assist consumers in choosing.	Q	Ø	
NVIRONMENT	36. Primary Care Physician Selection		Implementation of a process to collect Primary Care Physician (PCP) selections from consumers during the enrollment and plan selection process and to transmit those selections to the applicable health plan as part of the enrollment record.		To be determined

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CONSUMER CHOICE AND ENROLLMENT E	37. Ensure timely, full information, including premium and APTC implications of staying in same plan, and option to switch carriers/products upon renewal		Work with stakeholders to develop protocols with plans and materials for timely consumer information about consumer choices and tax implications; monitor consumer patterns.	Continue to monitor consumer behavior, sample and evaluate implications	Continue to monitor consumer behavior, sample and evaluate implications
	38. Broaden the scope of the consumer alert of benefit duplication to all Covered California enrollment entities through awareness training.				To be determined
	39. Develop and conduct comprehensive training on the changes to the 2015 dental offering, specifically to call center staff				To be determined
CONS	40. Build the addition of dental benefit quoting to the Shop and Compare and Preview Plans web tools				To be determined
	41. Coordinate the aging out of pediatric dental process, and include a discussion on subscriber versus responsible party distinctions.				To be determined
	42. Discuss "'Lessons Learned' from enrollment experience in CalHEERS"	In process for 2014	Develop and implement options based on findings	Q	To be determined
IMPROVE HEALTH EQUITY; REDUCE HEALTH DISPARITIES	43. Develop a workplan to analyze and report quality data stratified by race, ethnicity and primary language	Publicly report on quality data stratified by race, ethnicity and primary language			To be determined
	44. Identify one condition prevalent among adults with significant disparities by race, ethnicity and language in outcomes	Require concerted effort to improve outcome for identified condition	Identify additional conditions prevalent among adults with significant disparities by race, ethnicity and primary language and require concerted effort to improve outcome for identified condition		To be determined
	45. Begin collecting data on sexual orientation and gender identity	Develop a workplan to analyze and report quality data stratified by sexual orientation and gender identity	Publicly report on quality data stratified by sexual orientation and gender identity		To be determined
	46. Discuss implications of multipayer system and high turnover of CoveredCA enrollment for disparities strategies	Develop strategy for disparities improvement when consumers shift to coverage to other payer sources, including ESI.			To be determined
	47. Continue completion of Evalu8 module on reducing health disparities	Publicly report on Evalu8 Health Disparities Reduction data	Develop a workplan to identify best practices and make recommendations for adoption of health disparities reduction strategy		To be determined
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RATING SYSTEM	48. Quality Rating System Development	Implement CAHPS public reporting	Covered CA enrollee satisfaction surveys in multiple languages, with sufficient sample size to evaluate key variables (region, product type, race/ethnicity, carrier) Evaluate quality rating approaches in context of high turnover of enrollment Assess payment policies based		Analysis for 2018 portfolio review
QUALITY RA	40. Quality Pating System Dayslan mant	Implement CAHPS public	on quality ratings.		Analysis for 2018 portfolio
DAU	49. Quality Rating System Development	reporting			review
0	50. Use of Care	Consider implementing requirement to report on initial PCP visit, preventive services and id of at-risk enrollees	Evaluate use of care based on data reported, implement strategies to address deficits		Analysis for 2018 portfolio review